

Instructions: Employees electing to participate must select Part 1, 2 or 3 and indicate the number of day(s) of VPLP. Eligibility is subject to the memorandum of understanding, refer to the applicable [bargaining contract](#).

EMPLOYEE INFORMATION

EMPLOYEE LAST NAME FIRST NAME M.I. CBID DIVISION

PART 1: COLLECTIVE BARGAINING IDENTIFIER ELIGIBLE FOR UP TO ONE (1) DAY

Rank and File: R01, R04, R11, R14, R15, R17, E01, E04, E11, E14, E15, E17. Only VPLP conditions 7-10 below apply.

I elect to participate in the VPLP for: 1 day (8 hours)

PART 2: COLLECTIVE BARGAINING IDENTIFIER ELIGIBLE FOR UP TO TWO (2) DAYS

Rank and File: R19, R21, E19, E21. Only VPLP conditions 5-10 below apply.

Excluded: C01, M01-M07, M10-M21, S01-S07, S10-S21, E48, E58, E59, E67, E68, E78, E79, E97, E98, E99. VPLP conditions 1-10 below apply.

I elect to participate in the VPLP for: 1 day (8 hours) 2 days (16 hours)

PART 3: COLLECTIVE BARGAINING IDENTIFIER ELIGIBLE FOR UP TO THREE (3) DAYS

Rank and File: R09, E09, R10, E10. Only VPLP conditions 5-10 below apply.

Excluded: S09, M09, E48, E59. VPLP conditions 1-10 below apply.

I elect to participate in the VPLP for: 1 day (8 hours) 2 days (16 hours) 3 days (24 hours)

PART 4: VPLP CONDITIONS

I understand that the following conditions apply to the VPLP:

1. Participation in the program is on a voluntary basis, subject to approval of my supervisor.
2. Only permanent, full-time employees can participate in the program.
3. The department reserves the right to cancel the program on a departmental, sub divisional, or individual basis at any time with thirty (30) days' notice to participating employees.
4. Should I transfer to another department, my continued participation in the program will be at the discretion of the new department.
5. I must remain in the program for twelve (12) months or unless the department establishes a lesser time period.
6. Request to cancel participation will only be granted in cases of a financial hardship and must be approved by my supervisor.
7. Personal Leave must be requested and used in the same manner as vacation or annual leave.
8. There will be no impact on my benefits, leave credits, State service credit, or the final compensation used to calculate my State retirement benefits.
9. Should I be placed on Industrial Disability Leave, Non-Industrial Disability Leave, or Workers' Compensation for an entire monthly pay period, I will be excluded from the VPLP for that month.
10. Personal Leave shall not be included in the calculation towards the cap for vacation or annual leave balances.

PART 5: CANCEL PARTICIPATION IN THE VPLP

Check this box if you wish to cancel participation in the VPLP.

EMPLOYEE ACKNOWLEDGEMENT

I understand my pay will be reduced equivalent to the number of day(s) I have selected and VPLP credits will be available to use on the first day of the monthly pay period following each month of participation in the VPLP.

I have read and understand the program conditions described in Part 4 above and accept the unpaid personal leave days as requested.

EMPLOYEE SIGNATURE

DATE

EXCLUDED EMPLOYEE APPROVALS BELOW

SUPERVISOR SIGNATURE

DATE

DIVISION CHIEF SIGNATURE

DATE

OFFICE OF HUMAN RESOURCES USE ONLY

DATE RECEIVED

EFFECTIVE DATE OF VPLP

PERSONNEL SPECIALIST SIGNATURE

DATE